

# TRAINING NAVY TOBACCO CESSATION FACILITATORS-GUIDELINES & RECOMMENDATIONS



Mark A. D. Long, Ed.D. Health Promotion Program Navy Environmental Health Center

#### General Guidelines

- \*Use a multidisciplinary group/team approach for training new tobacco cessation facilitators.
- \*Use nationally known and approved treatment programs and training protocols such as the American Cancer Society Fresh Start program, or the American Lung Association Freedom From Smoking program.
- \*Training for facilitators is a minimum of 1 day, with a day and a half to two days the recommended training time.
- \*Facilitators are tobacco free and are committed to providing quality care and services.

#### Training- Key Areas

- 1. Addiction process.
- 2. Behavior change theory and practice.
- 3. Education about smoking, spit tobacco and cigars; health effects of tobacco use and benefits of quitting; nutrition and weight issues; exercise; goal setting; stress management, and co-morbidity.
- 4. Treatment strategies- including behavioral, psychological, cognitive and pharmacological approaches.
- 5. Facilitator skills.
- 6. Counseling skills.
- 7. Group process and issues.
- 8. Assessment process.
- 9. Relapse prevention and management.
- 10. Information about outcomes and success.
- 11. Professional issues- boundaries, limits, confidentiality and referrals.
- 12. Step by step review of group procedures treatment program.
- 13. Specific local practices, procedures, and policies.

## Post Formal Classroom Training

- 1. Co-facilitate 2 cessation groups with an experienced facilitator.
- 2. Trainer observation and feedback of new and experienced facilitators.
- 3. Ongoing supervision of new and seasoned facilitators.
- 4. Regular meetings of Tobacco cessation facilitators to provide updates, ongoing training and supervision.
- 5. Follow up and reporting of results and outcomes.

## References

## Multidisciplinary team members

This group may include Physicians - Primary Care Providers, and specialists – such as Internists, Psychiatrists, and Flight Surgeons; Dentists; Nurses including Family Nurse Practitioners; Medical Service Corps specialists such as P.A.'s, Clinical Psychologists, Dieticians, Pharmacists, Physical Therapists; Corpsmen; DAPA's; Civilian employees, reservists, volunteers, students and Civilian specialists such as from the American Cancer Society, or the Health Department. Former tobacco users are often role models for those wanting to quit.

#### <u>Treatment programs</u>

To obtain a copy of and or tobacco specific training, contact your local or state office of the American Cancer Society for the Fresh Start program; and the local/state chapter of the American Lung Association for the Freedom From Smoking program. Other recommended commercial programs are the Free and Clear program from Group Health Cooperative at <a href="www.ghc.org/web">www.ghc.org/web</a> 800-292-2336; and Quit Smart <a href="www.quitsmart.com">www.quitsmart.com</a> 888-737-6248.

## **Training**

The recommended training period for new facilitators is a day and a half to two days. This allows time for skills training and acquisition, role-playing, teaching, and confidence building. Certificates may be presented upon completion of training and/or after completion of co-facilitating groups.

### <u>Marketing</u>

It is important to market the training opportunity to the local and regional areas to recruit many, many facilitator participants!

#### Training materials

Ensure that each facilitator has written training materials for each group program. The resources need to include- guidelines (i.e. AHRQ Clinical Practice Guidelines on Tobacco Use and Cessation; DoD/VHA Clinical Practice Guidelines To Promote Tobacco Use Cessation in the Primary Care Setting), protocols for both the facilitator and the client, and other relevant materials- such as training aids, articles, policies, medication information and instructions, and evaluation forms.

#### **Facilitator Qualifications**

Facilitators need to be tobacco free (at least 6 months); committed to encouraging and promoting a tobacco free military; remaining at the command for at least x amount of time; commits to providing 2 cessation groups during the year with at least one in the next 3 months. They need to be psychologically healthy, flexible and willing to follow the treatment program, and receive feedback and supervision.

## Training Key Areas

To obtain additional information about these specific areas consult the NEHC Health Promotion Tobacco Cessation home page www-nehc.med.navy.mil/hp and check with other local agencies, library and experts.

## Post Classroom Training

It is recommended that new facilitators co-facilitate 2 groups, with a seasoned facilitator, before facilitating alone. It is the responsibility of Navy and Marine Corps Tobacco trainers to coordinate, monitor and supervise new facilitators in order to ensure quality care and treatment. This may be accomplished via co-facilitating, observing group sessions, videotaping and supervision by approved facilitators.

Continued supervision is highly recommended for Tobacco Cessation facilitators. This may be achieved through individual and group approaches. Planned tobacco cessation facilitator meetings are recommended on at least a quarterly basis. They can serve several purposes- supervision, ongoing training, education, to address ongoing issues and also for support and motivation. For example guest speakers can be invited, information from workshops and recent research articles may be presented, and outcome data may be discussed.

#### Follow up and Reporting of Results and Outcomes

The Health Promotion Program and Tobacco cessation facilitators are responsible for collecting data on the effectiveness and the efficacy of their treatment programs. Follow up of all tobacco cessation participants is required at six months after treatment. This may be done in person, by phone, by mail, or electronically. The results are analyzed at the command and reported to the NEHC Health Promotion Tobacco Cessation Program Manager on an annual basis. The outcome is reported by using the DoD standard metric, which is the 7-day point prevalence rate at six months post treatment.